

PATENT

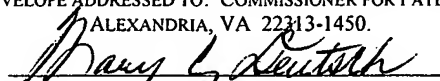
IFW
✓

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | |
|--|--|
| Applicant: Scott Borg | Examiner: Unknown |
| Serial No.: 10/558,546 | Group Art Unit: 3715 |
| Filed: September 30, 2005 | |
| For: RECIPE GENERATING METHODS AND SYSTEMS | Docket No. CGL04/0437US01 (CAP0008/US) |

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

I CERTIFY THAT, ON APRIL 9, 2008, THIS PAPER IS BEING DEPOSITED
WITH THE U.S. POSTAL SERVICE AS FIRST CLASS MAIL IN AN
ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS,
ALEXANDRIA, VA 22313-1450.


MARY C. DEUTSCH

TRANSMITTAL LETTER

Dear Sir:


Applicants respectfully request that the Correspondence Address for the above-identified application be changed to associate with Customer Number 38550. Enclosed for filing are the following papers in connection with the above-identified patent application:

1. Change of Correspondence Address (1 pg)
2. Return Receipt Postcard

No fee is believed to be necessary. Should any fee be required, the Commissioner is authorized to charge our Deposit Account No. 50-1775 and notify us of the same.

Dated: April 09, 2008

Respectfully Submitted,

By: 
Alistair K. Chan, Reg. No. 44,603

Kagan Binder, PLLC
Suite 200, Maple Island Building
221 Main Street North
Stillwater, MN 55082
Telephone: 651-275-9833
Facsimile: 651-351-2954



PTO/SB/122 (01-08)

Approved for use through 12/31/2008. OMB 0651-0036
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

| | |
|------------------------|--------------------|
| Application Number | 10/550,546 |
| Filing Date | September 30, 2005 |
| First Named Inventor | Scott Borg |
| Art Unit | 3715 |
| Examiner Name | Unknown |
| Attorney Docket Number | CGL04/0437US01 |

Please change the Correspondence Address for the above-identified patent application to:

☒ The address associated with
Customer Number:

38550

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐ Applicant/Inventor

☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).

☒ Attorney or agent of record. Registration Number 44,456
☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

 Typed or Printed
Name CHRISTOPHER M. TUROSKI

Date

4-7-08

Telephone

952-742-5199

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-0199 and select option 2.